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APPLICANTS

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** CONTINUING DATA *****

(A) This application is a DIV of 09/895,753 06/29/2001 PAT 6,656,216

** FOREIGN APPLICATIONS *****

(B) 1616

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>DA</i>	Initials			

ADDRESS

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TITLE

Composite stent with regioselective material and a method of forming the same

FILING FEE RECEIVED 1520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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